

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FEB 11 2014

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445464	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2014
NAME OF PROVIDER OR SUPPLIER HILLVIEW HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1666 HILLVIEW DRIVE ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 161 SS=C	<p>483.10(c)(7) SURETY BOND - SECURITY OF PERSONAL FUNDS</p> <p>The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of the Trial Balance form for the resident trust accounts, the facility failed to ensure the Patient Fund Bond (surety bond) was sufficient to cover the amount of money in the resident trust account for nine of nine residents with resident trust accounts.</p> <p>The findings included:</p> <p>Review of the Trial Balance form dated January 23, 2014, revealed there were nine residents with trust fund accounts with a total of thirteen thousand, three hundred, thirty-nine dollars, and eight cents (\$13,339.08).</p> <p>Review of the Patient Fund Bond revealed the bond amount was ten thousand dollars (\$10,000.00).</p> <p>Interview on January 23, 2014, at 9:25 a.m., with the Business Office Manager and the Administrator, in the Administrator's office, confirmed the Patient Fund Bond was not sufficient to cover the amount of money in the resident trust account.</p>	F 161	<p>The Business Office Manager immediately contacted our current insurance company on 1/23/14 to increase the surety bond from \$10,000 to \$15,000 to cover the amount of money in the resident trust account.</p> <p>Each of the resident trust accounts were reviewed by the Business Office Manager on 1/23/14 to ensure the amounts for each of the nine residents was accurate and had the approved funds. No other resident accounts were affected.</p> <p>The Business Office Manager was in-serviced by the Administrator on 1/23/14 regarding trust accounts and surety bonds.</p>	2/7/14	
F 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment</p>	F 279			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Joshua Cannon

Administrator

2-7-14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment</p>	F 279		

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F 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment</p>	F 279			

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F 279	<p>Continued From page 1</p> <p>to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to develop a care plan for weight loss for one resident (#10) of thirty-one residents reviewed.</p> <p>The findings included:</p> <p>Resident #10 was admitted to the facility on September 30, 2013, with diagnoses including Fractured Femur, Dementia, Anemia, and Atrial Fibrillation.</p> <p>Medical record review of a dietary note dated December 17, 2013, revealed "December wt (weight) 144# (pounds) Significant wt loss 12#/7.69% x 1 mo (month)...eating 65% average</p>	F 279	<p>The Minimum Data Set Coordinator updated Resident #10's care plan to reflect weight loss on 1/23/2014.</p> <p>The Current Care Plans of residents with weight loss were reviewed by the Minimum Data Set Coordinators on 1/27/2014 to ensure weight loss was addressed. No other residents were found to be affected.</p> <p>The Minimum Data Set Coordinators were in-serviced by Director of Nursing on 1/23/2014 on updating care plans to reflect weight loss as appropriate.</p> <p>The Minimum Data Set Coordinators will review 100% of care plans of residents with weight loss weekly x 4 weeks, then monthly x 2 months and/or 100% compliance. Results obtained will be reported to the Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee consists of the Administrator, Director of Nursing, Minimum Data Set Coordinators, Rehabilitation Manager, Medical Director,</p>	2/7/14	

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F 279	Continued From page 2 per 7 day review of below nutrition poc (plan of care) including fortified foods tid (three times a day) providing: 2535 cal (calories), 98 gm (grams) pro(protein)/day. Meeting est (estimated) needs with current intake/poc...since wt loss (continues) will recommend house supplement 2 oz (ounces) qid (four times a day) to provide 480 cal, 20 gm pro/day to prevent further wt loss..." Medical record review of the care plan reviewed on January 13, 2014, revealed no care plan to address the resident's weight loss. Observation on January 23, 2014, at 8:00 a.m., revealed the resident sitting up in bed eating breakfast of scrambled eggs, whole milk, apples, toast, juice, oatmeal, bacon, and coffee. Interview on January 23, 2014, at 8:10 a.m., with the DON (Director of Nursing), in the conference room, confirmed a care plan had not been developed for weight loss.	F 279	Social Services Director, Environmental Services Director, Maintenance Director, Dietary Manager, and Activities Director.	
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.	F 325	The Director of Nursing received Physician Order on 1/23/2014 reflecting Registered Dietician Recommendation for Resident #10 made on 12/17/2013. Responsible Party was notified on 1/23/14 by the Director of Nursing. The Dietary Manager and the Director of Nursing reviewed previous six months of Registered Dietician Recommendations and resident records to ensure	2/7/14

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F 325	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to follow up on a dietary recommendation for one resident (#10) of three residents reviewed for weight loss of thirty-one residents reviewed.</p> <p>The findings included:</p> <p>Resident #10 was admitted to the facility on September 30, 2013, with diagnoses including Fractured Femur, Dementia, Anemia, and Atrial Fibrillation.</p> <p>Medical record review of the Nutritional Risk Review and Assessment dated October 7, 2013, revealed "...IWR (ideal weight range) 108-132...weight status gain or loss stable within past 3 months...Intake meets 50-75% of estimated needs..."</p> <p>Medical record review of a dietary note dated December 17, 2013, revealed "December wt (weight) 144# (pounds) Significant wt loss 12#/7.69% x 1 mo (month)...eating 65% average per 7 day review of below nutrition poc (plan of care) including fortified foods tid (three times a day) providing: 2535 cal (calories), 98 gm (grams) pro(protein)/day. Meeting est (estimated) needs with current intake/poc...since wt loss (continues) will recommend house supplement 2 oz (ounces) qid (four times a day) to provide 480 cal, 20 gm pro/day to prevent further wt loss..."</p> <p>Medical record review of a dietary note dated January 7, 2014, revealed "...January wt 144# Weight stable since last mo (month)...continues to meet est needs...encouraged...stable wt since</p>	F 325	<p>Registered Dietician Recommendations had been followed on 1/23/14. No other residents were found to be affected.</p> <p>The Director of Nursing and Dietary Manager were in-serviced by the Regional Director of Clinical Services on 1/23/2014 on Registered Dietician Recommendation follow up.</p> <p>The Director of Nursing will review 100% of Registered Dietician Recommendations weekly x 4 weeks, then monthly x 2 months and/or 100% compliance. Results obtained will be reported to the Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee consists of the Administrator, Director of Nursing, Minimum Data Set Coordinators, Rehabilitation Manager, Medical Director, Social Services Director, Environmental Services Director, Maintenance Director, Dietary Manager, and Activities Director</p>		

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F 325	<p>Continued From page 4</p> <p>last review...continue current nutrition poc..."</p> <p>Medical record review of the December 2013, and January 2014, Medication Administration Record revealed no documentation a nutritional supplement had been administered.</p> <p>Observation on January 23, 2014, at 8:00 a.m., revealed the resident sitting up in bed eating breakfast of scrambled eggs, whole milk, apples, toast, juice, oatmeal, bacon, and coffee.</p> <p>Interview on January 23, 2014, at 8:00 a.m., with LPN (Licensed Practical Nurse) #1 (nurse responsible for the resident), in the hall, confirmed the resident was not receiving a nutritional supplement.</p> <p>Interview on January 23, 2014, at 8:10 a.m., with the DON (Director of Nursing), in the conference room, confirmed the resident did not receive the house supplement per dietary recommendation.</p> <p>Interview on January 23, 2014, at 8:50 a.m., by telephone, with the Registered Dietician, confirmed was aware the resident had not received the house supplement, and had recommended the house supplement in December because of the resident's continued weight loss. Continued interview confirmed the resident's weight was stable in January and the resident was still meeting estimated needs otherwise would have recommended the supplement again in January.</p>	F 325			